



BENEFICIARY DESIGNATION CARD

NAME OF EMPLOYER	POLICY NUMBER(S)	BILLING DIVISION
EMPLOYEE NAME		SOCIAL INSURANCE NUMBER

BENEFICIARY DESIGNATION Completion of an Appointment of Trustee form is recommended if your beneficiary(s) is a minor (not applicable in Quebec)

Beneficiary's Last Name	First Name	Initial	%	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
If none of the above is living then pay				
_____	_____	_____	_____	_____

FOR RESIDENTS OF QUEBEC ONLY:
 A spousal beneficiary designation is irrevocable unless you make the designation revocable by checking here.
 REVOCABLE

Employee's Signature _____ Date (mm / dd / yyyy) _____